

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000004465 (7)**

1. Corporation Name

**JOHN ALLEN DAUM CPA, P.A.**



Principal Place of Business

Mailing Address

10512 S.W. 137TH PLACE  
MIAMI FL 33186

10512 S.W. 137TH PLACE  
MIAMI FL 33186

3. Date Incorporated or Qualified <b>01/17/1995</b>	3a. Date of Last Report
4. FEI Number <b>65-0548915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PETERSON, WADE C**  
~~10512 S.W. 137TH PLACE~~  
~~MIAMI FL 33186~~

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	<b>254 NORTH KROME AVENUE</b>
83. City	<b>HOMESTEAD</b>
84. State	<b>FL</b>
85. Zip Code	<b>33090</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSTD</b> <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAUM, JOHN ALLEN</b>	2. 2 NAME	
STREET ADDRESS	<b>10512 S.W. 137TH PLACE</b>	3. 3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 5 TITLE	
NAME		6. 6 NAME	
STREET ADDRESS		7. 7 STREET ADDRESS	
CITY-ST-ZIP		8. 8 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. 9 TITLE	
NAME		10. 10 NAME	
STREET ADDRESS		11. 11 STREET ADDRESS	
CITY-ST-ZIP		12. 12 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. 13 TITLE	
NAME		14. 14 NAME	
STREET ADDRESS		15. 15 STREET ADDRESS	
CITY-ST-ZIP		16. 16 CITY-ST-ZIP	

17. 17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 18 NAME	
19. 19 STREET ADDRESS	
20. 20 CITY-ST-ZIP	
21. 21 TITLE	
22. 22 NAME	
23. 23 STREET ADDRESS	
24. 24 CITY-ST-ZIP	
25. 25 TITLE	
26. 26 NAME	
27. 27 STREET ADDRESS	
28. 28 CITY-ST-ZIP	
29. 29 TITLE	
30. 30 NAME	
31. 31 STREET ADDRESS	
32. 32 CITY-ST-ZIP	

**000001794010**  
**-04/25/96--01019--045**  
**\*\*\*200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John A. Daum* **JOHN ALLEN DAUM** **3.27.96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)